



Regulation Review for 10.07.02 (Sections .22-.46)

Subject: LTC Stakeholders Meeting (Session 3)

Hosts:

Patricia Tomsco Nay, M.D., Executive Director, OHCQ
Amanda Thomas, Regulatory Affairs Analyst, OHCQ
Chrissy Vogeley, Chief of Staff, OHCQ
Margie Heald, Deputy Director of Federal Programs, OHCQ
Gwen Winston, Quality Initiatives Coordinator, OHCQ
Jasmin Watson-El, Executive Associate, OHCQ

Date: November 6, 2014

Place: Office of Health Care Quality (Administrative Conference Room)

Agenda:

- I. Welcome & Introductions
 - a. Welcome from Dr. Nay, Executive Director, OHCQ
 - b. Introductions by all stakeholders (Phone and in person)
 - c. Review ground rules
 - i. 2 minute time limit for each speaker.
 - II. Review regulation 10.07.02 (sections .22-.46)
 - III. Next Steps
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I. Welcome & Introductions

- a. Dr. Nay welcomes everyone to the session and thanks you all for your time and attention to the regulations that are finally being revised after 8 years.

- b. The floor is open for stakeholder introductions
 - i. 26 attendees include:
 1. Morinatu Adeniyi-Oladapo
 2. Eileen Alexander
 3. Anne Arrington
 4. David Burke
 5. Kim Burton
 6. Don Chung
 7. Karen Conkel
 8. Phillip Cronin
 9. Michele Douglas
 10. Kathy Graning
 11. Tracy Immel
 12. Emily Jaskot
 13. Danna Kauffman
 14. Amy Kolev
 15. Sandra Martin
 16. Lynn McCamie
 17. Ruth Anne McCormick
 18. Nancy Miller
 19. Amber Moore
 20. Kristen Neville
 21. Karlayne Parker
 22. Marie Savage
 23. Jane Sacco
 24. Clare Whitbeck
 25. Vicky Woodruff
 26. Rebecca Zick
- c. Ground Rules: Please limit comments to 2 minutes. Amanda has a timer and will let you know when time is up.
 - i. We will take comments from the room first and then open the floor to those who have dialed in.
 - ii. When you stand to speak, please come to the front of the room. Everyone in the room and on the phone should say their name and the organizations they represent.
 - iii. Please complete the survey that is sent following the session. This round of comments is your last chance to make changes to any surveys from the past. We have to close the comments period so that we may move the regulations forward.

II. Review regulation 10.07.02 (sections .22-.46)

- a. **.22 Reports and Action Required in Unusual Circumstances.**
 - i. In the section about locked doors prohibited, it may be a good idea to put something in there about dementia units because there is no mention of those units, which are usually locked. Are screened doors or folding gates an appropriate intervention for someone who wanders? This should be looked at a little more closely.
 - ii. In the big section that is bracketed to be removed, this should be looked at because it is important to have regulations for restraint that are

consistent with federal laws. Removing these could be problematic because facilities need guidance on restraint use.

- iii. Acute symptoms of mental illness: some people who have acute mental illness are not a danger to themselves or other. For example, those who are anxious, have some depression, and those types of things. Please differentiate between those populations.
- iv. If .22 is removed in its entirety, providers will be forced to keep patients who exhibit acute episodes of mental disturbances. They may destroy property, their roommates or even cause disturbance to visitors. Hospitals do not treat the symptoms or the mental issues, they only medicate the patient and let the facility know that the patient is ready to return and no longer exhibiting those behaviors. Facilities should not have to take the patient back or keep them unless the behavior is treated and not just medicated.
- v. VOICES believe there is a need for a definition of dementia units, as mentioned in earlier sessions.
- vi. On unusual occurrences, the ombudsman program should be notified when there is an unusual occurrence in a nursing home.
- vii. Please take time to discuss the behaviors and those attached to dementia. This is good for the behavioral health work group. Make sure policies and procedures are in place to address issues, episodes, and how to respond. We need to ensure that people are not being dumped, locked up when there are other options.
- viii. Please do not let regulations for unusual circumstance be used as another way to involuntarily discharge a nursing home resident.
- ix. Patient observation should be at least every 15 minutes.
- x. When patients return from the hospital and have just had medication, there has to be a care plan put in place with a large variety of options for continuity of care. As a large group, there is a struggle to figure out who are the key players that should be at the table to address the behavioral health issues after returning from the hospital.
- xi. Section A: why has it been left out that someone be transferred to a suitable facility? The patient, their families or representative should be included in the decision making and be notified of incidents. The decision really is theirs to make.
- xii. Will anyone who wanders be transferred out of the facility? If so, where will you send them all? –this includes organized dementia units as well. The language is unclear and if everyone does not understand the regs, they do not work. Language is contradictory.

b. .23 Transfer Agreement

- i. Mortuary transport services: vehicle arrives to transfer a deceased person to a funeral home or crematory. Regulations for this provision required that vehicles be inspected by the board and those that pass receive a sticker. It should be very clear that only vehicles that display a sticker should be allowed to pick up remains of someone who is deceased. Without stickers, we do not know if they are permitted. This protects the deceased and the employees of the facility.

- ii. The board has had many complaints about people who show up at scenes and pick up remains and don't treat them with respect and dignity. Kristen Neville emailed the exact language proposed.
- iii. Board of pharmacy would like a specific mention under interchange of medical and other information that the consultant pharmacist should be contacted to ensure the currency, continuity and consistency of the patient's medical records.

c. .24 Emergency and Disaster Planning

- i. There have been emergency plans that call for rescue squads to transport people in the event of an emergency and no one ever told the rescue squad about it. They already had been tied up with other things they had to do. Facilities are also not going to the local emergency management agency, and that's not right.
 - 1. There should be language that says the emergency plans have to go to the emergency management agency and they contact those who provide disaster services.
- ii. 24A: Facilities that use electronic medical records, there should be an exception that brief medical fact sheet does not have to be printed as long as it is easily accessible.
 - 1. Also should say that even if there is a power outage, there should be emergency power in place for computer systems to maintain electronic medical record systems.
- iii. 24C: within 24 hours of admission, notify resident of emergency plans and maps, etc. This needs clarification. Does it mean provide new residents with executive summaries of evacuation procedures or simply require orientation of how to exit the facility in the event of an emergency?

d. .25 Physical Plant General Requirements

- i. Item B: Culture Change facilities not say "may" but say "shall" allow waiver. If we want culture change and focus on person-centered care, we need to be able to give facilities certainty that their facility designs will be accepted.
- ii. Differential between new construction and existing construction has been removed. Requirements have changed and are structural, creating hardships. Waivers have to be built in.
- iii. Right now, emergency generators have to provide heat and cooling, if a facility does not have one that offers both, it is also a hardship.
- iv. Facilities may not have the capital or physical space to meet the new physical plant requirements.
 - 1. Is there a grace period?
 - 2. OHCQ should expect to grant even more waivers. Some places, even when granted a waiver, are still cited on their surveys.
- v. Specifically mention that all medication storage areas should be placed in defined temperature during an electrical emergency.

e. .26 Nursing Care Unit

- i. 26A: The size of a nursing care unit, the department “May” specify members of personnel...
 - 1. This used to say “shall”. OHCQ should approve plans for staffing for nursing homes over 40 beds or there will be times when staff is not available.
- ii. Prohibit anything other than medications be stored in medication storage units.
- iii. Audible alerts that can be heard throughout the facility create a “hospital like” setting and disturb residents. This is counter to facilities that want to implement culture change.
- iv. If a facility wants to implement culture change, they should not have to keep applying for waivers. There is one waiver on top of another.

f. .27 Resident bedroom and toilet facilities

- i. Point of clarification: item (10) occupants should be the same sex...does this apply to same sex partners?
 - 1. Answer is yes
- ii. (D) require size and weight appropriate beds must be provided
- iii. Commend the addition of mattresses having to fit the bed with clean linen and comfortable pillow.
- iv. Four-person rooms are cruel
- v. There should be a requirement for an extra, dedicated room for those with communicable diseases—which does not include moving someone out of their private room to isolate someone else
- vi. Item 10 – thank you!
- vii. People want to make their rooms home-like. This is hard to do when measuring 18 inches
- viii. One toilet room per floor is not enough for a floor with 40-60 people
- ix. Maybe having exceptions for having beds be 18 inches to residents who are more functional
- x. There is an impossibility to have enough rooms for as many infectious diseases as staff is seeing.
- xi. Comfortable chair should consider size and weight as well.

g. .28 Equipment and supplies for bedside care

- i. No Comments

h. .29 Rehab facilities, space and equipment

- i. When admitting residents, the appropriate equipment should be in place to care for levels of deficiencies. Do not just admit them.
- ii. Instead of specifying PT and OT, make it general “rehabilitation staff” because it could include chiropractors, etc.

i. .30 Day room and dining area

- i. 30B: Language about square footage suggests that residents have to fit into the dining room at the same time.

1. OHCQ has responded that all residents do not have to eat at the same time but language is not clear. Provide clarification.
- ii. ADD: Have doorways that are wide enough for larger patients and wider wheelchairs and equipment
- iii. Change language from physical therapy to rehabilitation staff

j. **.31 Dietetic service area**

- i. No comments

k. **.32 Administrative areas**

- i. Lobby areas? What does this have to do with skilled nursing care?
- ii. Male and female bathrooms in lobby: older buildings do not have the space for separate bathrooms but do have unisex bathrooms.

l. **.33 Housekeeping services, pest control and laundry**

- i. Need to offer alternatives to individuals with aversions to harsher chemical detergents
- ii. Add method for buildings with pests that are harder to get rid of
- iii. Facilities can use external cleaning if they cannot demonstrate that there is no cross-contamination of clean and soiled laundry.
- iv. Can OHCQ publish a list of waivers that have been issued?

m. **.34 Resident care management system**

- i. No comments

n. **.35 Resident status assessment**

- i. No comments

o. **.36 Care Planning**

- i. Agree with resident having capability to consent to visitors. Should add in having resident's family or representative come to meeting if resident is not competent.
- ii. Care planning meetings should have some provision to meet with family members outside of "9-5" work hours to accommodate those who are at work during these hours.
- iii. Look to the future, maybe more technically savvy ways to do care planning like Skype, phone conferences, etc. Provide provisions for technical advancements. 7 day notice of care planning is too late for short term stays like those who are only staying 10 days or so.
- iv. Add some language that there is another time to go into greater detail, answer questions, etc.
- v. If resident requests, their care planning advocate can be a friend or someone else they trust other than family.

p. **.37 Special skin record**

- i. No Comments

q. **.38 Geriatric nursing assistant program**

- i. Is the board of nursing revising the current curriculum?
 - 1. Answer: yes, contact Shirley at the BON

r. **.39 Paid feeding assistants**

- i. Find less offensive language than “feeding assistants”

s. **.40 Quality Assurance Program**

- i. Licensed Registered Dietician is the new language/term
- ii. Nice addition of the committee and council reg.

t. **.41 Quality assurance plan**

- i. No Comments

u. **.42 Relocation of residents**

- i. No Comments

v. **.43 Posting of staffing**

- i. Requirement for record of position: please better define so the facility is not cited if records are not what surveyor approves of

w. **.44 Sanctions**

- i. No Comments

x. **.45 Mandated staffing pattern**

- i. No Comments

y. **.46 Civil money penalties imposition**

- i. No Comments

III. Next Steps

- a. Chrissy Vogeley: Thanks to everyone for participating in this process. Thanks to Amanda and Jasmin for putting everything together. Another draft may not be available until maybe January because we are trying to work everything else out with Behavioral Health work group. Please be patient with OHCQ. If we have another comment period, it will be short but since we are trying to get everything finalized by February, we may not have another. As always, we are more than

willing to meet with anyone to discuss these regulations. If you have questions, feel free to contact Chrissy or Amanda.

- i. Question: Since we already are on the list for announcements, will we be updated on the drafts etc.?
 - 1. Yes, that's the plan.
- ii. When will these be enforceable?
 - 1. Best case scenario, about 6 months
- iii. Discussion on resident rights regs?
 - 1. Yes, next year
- iv. There are older adults in facilities who can comment. Can they come?
 - 1. This is a public meeting. Anyone is welcome.
- v. Surveys are opening again; this is the last chance to offer up comments on all regs. They are closing on November 14.
- vi. If you are not subscribed to the updates list, please go on the OHCQ website and subscribe. If you cannot find it, email Amanda at Amanda.thomas@maryland.gov.
- vii. If you are getting multiple emails, it's because Amanda sends out through the event and mail chimp. There are no more events scheduled so, you will only be getting one email from now on.

b. Meeting adjourned at 11:45 a.m.